

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005258

Entity Name: SCP 2004E-518 LLC

FILED
Mar 28, 2009
Secretary of State

Current Principal Place of Business:

995 MAIN ROAD
TIVERTON, RI 02878

New Principal Place of Business:

Current Mailing Address:

995 MAIN ROAD
TIVERTON, RI 02878

New Mailing Address:

FEI Number: 04-3172764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSS, ANDREW MGRM
Address: 995 MAIN ROAD
City-St-Zip: TIVERTON, RI 02878

Title: MGRM () Delete
Name: KUNIAN, LOIS MGRM
Address: 995 MAIN ROAD
City-St-Zip: TIVERTON, RI 02878

Title: MGRM () Delete
Name: KATZ-COHEN, SUSAN MGRM
Address: 995 MAIN ROAD
City-St-Zip: TIVERTON, RI 02878

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSS, ANDREW
Address: 995 MAIN ROAD
City-St-Zip: TIVERTON, RI 02878

Title: MGRM (X) Change () Addition
Name: KUNIAN, LOIS
Address: 995 MAIN ROAD
City-St-Zip: TIVERTON, RI 02878

Title: MGRM (X) Change () Addition
Name: KATZ-COHEN, SUSAN
Address: 995 MAIN ROAD
City-St-Zip: TIVERTON, RI 02878

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JANE LOUIS

POA

03/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date